

**PATENT COOPERATION TREATY
IN THE UNITED STATES RECEIVING OFFICE
PCT DEMAND**

Applicant: Spongetech, Inc.

Application No.: PCT/US04/21435

For: Improved Cleansing Pad

International Filing Date: 02 July 2004

ED208967166US

SUBMISSION OF PCT DEMAND

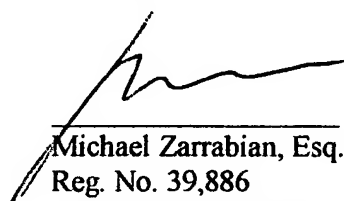
Mail Stop PCT
Attn: IPEA/US
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed please find: (1) Demand and (2) Check for \$762 to cover the cost of the Demand.

Respectfully submitted,

Dated: 03 Feb. 2005


Michael Zarrabian, Esq.
Reg. No. 39,886
1925 Century Park East, Suite 500
Los Angeles, CA 90067, U.S.A.
Tel. (310) 201-0640

CERTIFICATE OF "EXPRESS MAIL" MAILING

I hereby certify that this correspondence or paper is being deposited with the United States Postal Service as Express Mail, Label No. **ED 208967166 US**, in an envelope addressed to: Mail Stop PCT, Attn IPEA/US, Commissioner for Patents, PO BOX 1450, Alexandria, VA 22313, on 03 February 2005.

By _____

Signature


Michael Zarrabian

Typed Name of Person Mailing Paper or Fee

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference STPCT04	
International application No. PCT/US2004/21435	International filing date (day/month/year) 02 July 2004	(Earliest) Priority date (day/month/year) 03 July 2003	
Title of invention Improved Cleansing Pad			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Spongetech, Inc. 5302 W. 83rd Street Los Angeles, California 90045 United States of America		Telephone No. 310-645-9406	
		Facsimile No.	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: United States of America		State (that is, country) of residence: United States of America	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
State (that is, country) of nationality:		State (that is, country) of residence:	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
State (that is, country) of nationality:		State (that is, country) of residence:	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*Zarrabian, Michael
1925 Century Park East, Suite 500
Los Angeles, CA 90067
U.S.A.

Telephone No.

310-201-0640

Facsimile No.

310-201-0712

Teleprinter No.

Agent's registration No. with the Office

39,886

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments: ***

1. The applicant wishes the international preliminary examination to start on the basis of:

☐ the international application as originally filedthe description ☐ as originally filed☐ as amended under Article 34the claims ☐ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☐ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☒ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination:☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

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received not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>


The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Zarrabian, Michael (Agent for Applicant)


For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US2004/21435	For International Preliminary Examining Authority use only								
Applicant's or agent's file reference STPCT04	Date stamp of the IPEA								
Applicant Spongetech, Inc.									
<div style="border: 1px solid black; padding: 5px;"> CALCULATION OF PRESCRIBED FEES </div> <div style="margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 60%;">1. Preliminary examination fee</td> <td style="width: 40%; text-align: right;">USD 600 P</td> </tr> <tr> <td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</td> <td style="text-align: right;">USD 162 H</td> </tr> <tr> <td>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</td> <td style="text-align: right;">USD 762</td> </tr> <tr> <td></td> <td style="text-align: right; border: 1px solid black;">TOTAL</td> </tr> </table> </div>		1. Preliminary examination fee	USD 600 P	2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	USD 162 H	3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	USD 762		TOTAL
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	TOTAL								
<div style="border: 1px solid black; padding: 5px;"> MODE OF PAYMENT </div> <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input checked="" type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (<i>specify</i>):</td> </tr> </table>		<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>):
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<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons								
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>):								
<div style="border: 1px solid black; padding: 5px;"> AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> </div> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. </td> <td style="width: 50%; vertical-align: top;"> IPEA/ <u>US</u> Deposit Account No.: <u>502566</u> Date: <u>03 February 2005</u> Name: <u>Michael Zarrabian</u> Signature: </td> </tr> </table>		<input type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ <u>US</u> Deposit Account No.: <u>502566</u> Date: <u>03 February 2005</u> Name: <u>Michael Zarrabian</u> Signature:						
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